

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/589561** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3	1					
4	1		1			
5			1			
6			1			
7			1			
8			1			
9			1			
10	1		1			
11	1		1			
12	1					
13	1					
14	1					
15	1		1			
16	1					
17	1		1			
18	1					
19	1		1			
20	1					
21	1		1			
22	1					
23	1					
24	1					
25	1					
26	1		1			
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1		1	1		
43	1		1	1		
44	1					
45	1					
46	1					
47	1					
48	1			1		
49	1			1		
50	1			1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	6		1			
56	8					
57	8					
58	8					
59	8					
60	8					
61	8					
62	8					
63	8					
64	8					
65	8					
66	8					
67	8					
68	8					
69	8					
70	8					
71	8					
72	8					
73	8					
74	1		1			
75	1					
76	1					
77	1					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4		3			
TOTAL DEP.	70	←	77	←		
TOTAL CLAIMS	74		74			